GROUP HEALTH INSURANCE PAYABLE LEDGER

Company Name:

Policy Number:

Carrier Provider:

Ledger Period:

Account Code:

BEGINNING BALANCE

TOTAL MONTHLY PREMIUMS

TOTAL PAYMENTS / REMITTANCES

ENDING BALANCE DUE

Total Balance Carried Forward:

Prepared By (Bookkeeper/HR Generalist)

Reviewed & Approved By (Finance Manager/Controller)